



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

30

Application Number

10/801,937

Filing Date

March 16, 2004

First Named Inventor

Andrew Longacre, Jr.

Group Art Unit

2876

Examiner Name

Not Yet Assigned

Attorney Docket Number

703-006.50.22

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☒ Response to Missing Parts/
Incomplete Application☒ Response to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to
Technology Center (TC)☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s)
(please identify below):

One check for \$1,028 (Basic Filing Fee (\$770, Surcharge \$130, 1 Claim over 20 \$18 and One Month Extension of Time \$110), Declaration for Utility or Design App. (2 pgs.) and Powers of Attorney (5 pgs.), 1 copy of PTO Notice to File Missing Parts (2 pgs.), Supplemental Application Data Sheet (4 Pgs.), Certificate of First Class Mailing and Return Mail Room Postcard

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.

Extension of Time Request

Applicants respectfully request a one month extension of time for response to the Missing Parts mailed June 3, 2004.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Wall Marjama & Bilinski LLP

George S. Blasiak

Reg. No. 37,283

Signature

Date

August 27, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

August 27, 2004

Typed or printed name

Barbara A. Saltzman

Signature

Date

August 27, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 FEE TRANSMITTAL for FY 2004 Effective 10/1/03. Patent fees are subject to annual revision. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 Express Mail Label No. TOTAL AMOUNT OF PAYMENT (\$) 1,028.00	Complete if Known	
	Application Number	10/801,937
	Filing Date	March 16, 2004
	First Named Inventor	Andrew Longacre, Jr.
	Examiner Name	Not Yet Assigned
Group Art Unit	2876	
Attorney Docket No.	703-006.50.22	

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> MoneyOrder <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 50-0289 Deposit Account Name: Wall Marjama & Bilinski LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																																																																																																																																																																																																																																				
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	George S. Blasiak	Registration No. (Attorney/Agent)	37,283	Telephone	(315) 425-9000
Signature		Date	August 27, 2004		

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